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356983

**A & G Transportation**

2008.145.T  
2010.295.T

# Fax

|               |                              |               |                           |
|---------------|------------------------------|---------------|---------------------------|
| <b>To:</b>    | Public Service Commission SC | <b>From:</b>  | Anthony Wright            |
| <b>Fax:</b>   | 803 - 896 - 5100             | <b>Pages:</b> | 2 ( Including cover page) |
| <b>Phone:</b> | 803- 896-5199                | <b>Date:</b>  | 11/30/2010                |
| <b>Re:</b>    | Class C Reinstatement Form   | <b>CC:</b>    |                           |

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

• **Comments:**

Poc:  
Anthony T. Wright, Sr

803-278-0335

RECEIVED  
NOV 30 2010  
PSC SC  
CLERK'S OFFICE

Cert 8018

## CLASS C REINSTATEMENT FORM

|   |  |
|---|--|
| <b>File the original with:</b><br><br><b>Public Service Commission of South Carolina</b><br><b>Clerk's Office</b><br><b>Motor Carrier Matters</b><br><b>P.O. Box 11649</b><br><b>Columbia, S.C. 29211</b><br><b>(803) 896 - 5100</b><br><b>FAX (803) 896-5199</b> | <b>Mail or fax a copy to:</b><br><br><b>S.C. Office of Regulatory Staff</b><br><b>Transportation Department</b><br><b>1401 Main Street, Suite 900</b><br><b>Columbia, S.C. 29201</b><br><b>(803) 737-0578</b><br><b>FAX (803) 737-0815</b> |
|---|--|

DATE: 11/30/2010

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_  
☒ Charter Certificate Number C  
☐ Charter Bus Certificate Number \_\_\_\_\_  
☐ Non-Emergency Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 11/17/2010 because NON-COMPLIANT WITH  
 (DATE)

ANNUAL REPORT Filing 2009

I am seeking reinstatement because DURING THE PAST 18 MONTHS OUR AGENCY ADMINIS-  
TRATIVE HAS BEEN RESTRUCTURED BECAUSE OF FAMILY ILLNESS AND DEATHS, MY ATTENTION  
TO DETAIL TO COMPLETE THE APPROPRIATE FORM WAS AFFECTED WITH THESE PERSONAL  
REASONS AND LOGISTICS NON-COMPLIANCE IN FORWARDING OUR 1099 IN A TIMELY MANNER.  
A.G. TRANSPORTATION SERVICES DBA \_\_\_\_\_  
 (Name of Company) (if applicable)

528 EDGEFIELD ROAD STE F  
 (Street Address)

Same  
 (Mailing Address if different from Street Address)

Belvedere SC 29841  
 (City, State, Zip Code)

Anthony [Signature]  
 (Signature)

803 - 228 - 0335  
 (Telephone Number)

PRESIDENT / OWNER  
 (Title) Owner, President, etc.

NOV 30 2010  
 PSC SC  
 CLERK'S OFFICE